

# LSC Entrance Checklist

## **What is the census?**

Number of Medicaid beds  
Number of Medicare beds

## **Describe any special features of the facility's physical plant:**

What year was the facility built?  
What is the construction type?  
Number of stories, without basement?  
Basement?  
Do you have any special units? (Alzheimer's, hospice, etc.)  
Is the building mix occupancy?  
What are the other occupancies? (Assisted Living, Business office, etc.)  
Is there a two hour barrier between the occupancies?  
Does the facility have an applicable waiver or variance of any codes? (FSES?)

## **Is the facility completely sprinkled?**

Wet system?  
Dry system?  
Anti Freeze system?  
Closets?  
Attic spaces?  
Covered porches  
Unenclosed porches/attached smoking areas?  
Roof overhangs 4 ft or greater from exterior wall?  
Drive through canopy?  
Under deck spaces?

## **Were alterations/renovations/additions made since last inspection?**

What?  
Where?  
Was the KSFMO office notified prior to the changes & plans approved?  
Where were walls moved, added, deleted?

## **Zone/wing renovations**

What were the renovations?  
What approximate percentage of the zone or wing was renovated?

## **Were systems renovated or replace?**

(fire alarm, smoke detectors, sprinkler system, boiler, elevators, backflow devices, generators, lighting/electrical systems, range hood, walk-in freezer/coolers etc)

What was the approximate percentage of the system that was renovated or was there a complete replacement with new equipment?

## **Do you use liquid oxygen?**

Do you Tran fill in the facility?

## **Do you have roller latches?**

Where?  
Do you have a plan for replacement?

## **Does the facility use portable heaters?**

Where?

**Do you activate the fire alarm with your fire drills?**

If you do not activate the alarm at night, do they test it the same or the next day?

**Does your fire alarm transmit alarm signals off-site?**

Where?

**If the alarm transmits to a monitoring company, is it UL listed?**

If it is not UL listed how does it operate?

**What monitoring company's procedure when an alarm comes in?  
(who do they call first?)**

**Have you had a fire since the last inspection?**

**Has your sprinkler system or fire alarm been out of service for four or more hours in the last year?**

If yes, was documentation of fire watch done?

**Do you have special locking devices?**

Keypads with numeric codes?

Delayed egress?

Bracelet locking devices?

Emergency release switches at the nurses station?

Are gates located outside the facility locked?

How?

Do the locking mechanisms ever change functions at different times of the day/night/weekend?

**Do the exits have a hard path to a public way?**

**Do you allow residents to bring in their own furniture/mattresses/window coverings?**

If the facility is not completely sprinkled are those rooms equipped with a smoke detector?  
(battery/hardwired or inter-connected?)

**What is the source of emergency power?**

If the source is a generator- is it a Type I, Type II or Type III?

What is the fuel source?

Is the fuel kept on-site?

What quantity?

How long will that amount power the facility?

What is the average transfer time?

How and at what fuel level is refueling accomplished?

If the source is battery—how long will the batteries last?

**How do the elevators work?**

Do elevators have a fire department recall function?